State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-91) Department of Health Services
Toxic Substances Control Division
Secremento, California See Instructions on Back of Page 6 Please print or type. (Form designed for use on elite (12-pitch typewriter). and Front of Page 7 UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest Information in the shaded areas WASTE MANIFEST CIA D191812101017101712 010101018 is not required by Federal law 3. Generator's Name and Mailing Address A. State Mantlest Docu MAYONI ENTERPRISES 10340 Glenoaks Blvd., Pacoima, CA 91331 Generator's Phone (818 896-0026 B. State Generator J.D 1-800-852-7550 5. Transporter 1 Company Name US EPA ID Number C. State Transporter's ID 010788 BEFFERBILT CHEMICALS, INC. D. Transporter's Phone 213) 949-0668 1C1A1D191811161816121419 7. Transporter 2 Company Name US EPA ID Number E. State Transporter's ID F. Transporter's Phone 9. Designated Facility Name and Site Address 10 US EPA ID Number G. Stale Facility's ID CAL OMEGA RECOVERY SERVICES 12504 E. Whittier Blvd. H. Facility's Phone Whittier CA 90602 ICIAIDI01412121415101011 213) 698-0991 12. Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) 13. Total Quantity Waste No W1/Vo Siste GENERATOR WASTE, FLAMMABLE LIQUID N.O.S. UN1993 EPA/Other G b. CENTER 1-800-424-8802; State EPA/Other State EPA/Other State EPA/Other RESPONSE J. Additional Descriptions for Materials Listed Above K. Handling Codes for Westes Listed Above b. WASTE WASH THINNER C. d. NATIONAL 15. Special Handling Instructions and Additional Information 出 GLOVES & GOCGLES CALL 16. SENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effect to minimize my waste generation and select the best waste management method that is available to me and that I can afford. OR EMERGENCY Printed/Typed Name Signature Month 17. Transporter 1 Acknowledgement of Receipt of Materials AN Printed/Typed Name ANSPOR OF RICHARD SENTENO 18. Transporter 2 Acknowledgement of Receipt of Materials CASE Printed/Typed Name Signature Month Day Year 2 19. Discrepancy Indication Space F A 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19. Printed/Typed Name Signature Month Day Year

Do Not Write Below This Line

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

To: P.O. Box 3000, Sacramento, CA 95812

DHS 8022 A (1/88)

EPA 8700-22 (itov. 9-88) Previous editions are obsolete.